Fermilab

Survey ID	

AIR SAMPLING FIELD NOTES FORM

Date	Sample Number	Sampled By	Location

Type of Sample	◯ Personal ◯ Area	Collection Media Used (Include Attachment)	

Personnel: Name, ID Number, Div/Sec, Job Classification
Others: Describe Location of Sample

Job Activities and Conditions

Controls Methods (Engineering, Administrative, PPE)

Comments

Recommendations

Representative Sampling for (Name and ID Numbers)

Fermilab

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AIR SAMPLING FIELD NOTES FORM

Sampling Duration

Sample and Splits	Time On	Time Off	Total Time (Min)
◯ Sample ◯ Split #1			
Split #2			
Split #3			
Split #4			
Split #5			
Cumulative Time:			

Calibration

	Pre Cal	Post Cal
Date		
Cal By		
Flow Rate (LPM)		

Average Flow Rate (LPM): _____

Sample Volume (L): _____

Instrumentation

Equipment	Manufacturer	Model Number	Serial Number

Cal Device Used & Model Number	Cal Device Serial Number	Cal Device Due Date

Calculations/Other